

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. The director, page 3, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07481

CERTIFICATE OF DEATH

07474

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Queen Anne | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pages 1 and 2 Rural Chester | | c. LENGTH OF STAY IN 1b Life | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Tobithia | | First E. | Middle Crouch |
| 4. DATE OF DEATH May 1 19 66 | | Month Day Year | |
| 5. SEX Female | | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |
| 8. DATE OF BIRTH July 22, 1888 | | 9. AGE (in years last birthday) 77 yrs. | 10. IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) Queen Anne, Maryland |
| 13. FATHER'S NAME Franklin Jones | | 14. MOTHER'S MAIDEN NAME Carrie Johnson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Gerald Crouch-Annapolis, Maryland |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | Address INTERVAL BETWEEN ONSET AND DEATH immed. | |
| Acute Coronary Occlusion Hypertensive, Arteriosclerotic Cardio-Vascular Disease | | 15 yrs. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) |
| 21. I certify that (I) (this hospital) attended the deceased from July, 1951, to April, 1966, that (I) (we) last saw the deceased alive on April 29, 1966, and that death occurred at 1A M, from the causes and on the date stated above. | | 22b. DATE SIGNED 5-2-66 | |
| 22a. SIGNATURE Irvin G. Hoyt | | M.D. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | 22d. ADDRESS Queenstown, Maryland |
| 22c. PHYSICIAN'S NAME (Type) G. Irvin Hoyt | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF May 3 | 23c. NAME OF CEMETERY OR CREMATORIAL Stevensville |
| 24. FUNERAL DIRECTOR Edgar L. Lane | | ADDRESS Church Hill, Maryland | 25a. REC'D BY REGISTRAR MAY 6 1966 |
| | | | 25b. REGISTRAR'S SIGNATURE Charles Judge |

2000 m. — Dune - dunes

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Item 1a Film 0397 5726166

1. PLACE OF DEATH
a. COUNTY *Queen Anne's* MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) *Rural Centreville*

c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)
RFD #1, Box 138

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE *Maryland* b. COUNTY *Queen Anne's*

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) *Rural Centreville*

d. STREET ADDRESS *RFD #1 Box 138*

e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print) First *Sarah* Middle *Elizabeth* Last *Embert* 4. DATE OF DEATH Month *May* Day *18* Year *1966*

5. SEX 6. COLOR OR RACE *Female* *White* 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH *August 28, 1875* 9. AGE (In years last birthday) *90* yrs. 10. BIRTHPLACE (County & State, or foreign country) *Centreville, Queen Anne's Co., Md.* 11. CITIZEN OF WHAT COUNTRY? *U.S.A.*

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) *Wife* **10b. KIND OF BUSINESS OR INDUSTRY** *Home*

13. FATHER'S NAME *Josiah Eaton* **14. MOTHER'S MAIDEN NAME** *Mollie Draper*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) *No* **16. SOCIAL SECURITY NO.** *220-52-9006* **17. INFORMANT** *Mrs. O. Rayfield Tarr, Centreville, Md.* Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Cerebral Thrombosis* DUE TO (b) *Arteriosclerotic Heart Disease* INTERVAL BETWEEN ONSET AND DEATH *24 hours*
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (c) *10 years.*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year **20d. INJURY OCCURRED** **20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** **20f. (City or town) (County) (State)**

Hour a.m. **20c. TIME OF INJURY** Month, Day, Year **20d. INJURY OCCURRED** **20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** **20f. (City or town) (County) (State)**

p.m. *19* While Not While *at work* at work

21. I certify that (I) (this hospital) attended the deceased from *Jan 1, 1966* to *May 18, 1966*, that (I) (we) last saw the deceased alive on *May 1, 1966*, and that death occurred at *30 M.* from the causes and on the date stated above.

22a. SIGNATURE *John R. Smith, Jr.* **22b. DATE SIGNED** *5-20-66*

22c. PHYSICIAN'S NAME (Type) *John R. Smith, Jr.* **M.D. ATTENDING PHYS.** **MED. DIRECTOR** **STAFF PHYS.**

22d. ADDRESS *Centreville, Maryland*

23a. BURIAL, CREMATION, REMOVAL (Specify) **23b. DATE THEREOF** **23c. NAME OF CEMETERY OR CREMATORIUM** **23d. LOCATION (City, town or county) (State)**

Burial *Aug 20, 1966* *Chesterfield Cemetery* *Centreville, Maryland*

24. FUNERAL DIRECTOR **ADDRESS** **25a. REC'D BY REGISTRAR** **25b. REGISTRAR'S SIGNATURE**

John H. Barton Jr., Barton Bros., Centreville, Md. **ADDRESS** *DA* **25a. REC'D BY REGISTRAR** **25b. REGISTRAR'S SIGNATURE** *Charles Judge*

25b. REGISTRAR'S SIGNATURE *Charles Judge*

drywall

x-rayed

wooden base

all wood base

201 and 202

81-101 - painted interior doors

of 2081 at top - white slanted

201, 202, 203, 204, 205, 206

upper walls - white slanted

On exterior walls all over same

concrete borders?

and tall windows?

W 10 ft 8" + 6" 21 ft 10"

201-202

drywall, mineral st. mixed w/ wet

wood all over base

drywall, mineral st. mixed w/ wet

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1 M
07483

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07477

| | | | | | |
|--|--|-------------------------|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | Queen Anne MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | C. LENGTH OF STAY IN 1b | | a. STATE MARYLAND b. COUNTY Queen Anne | |
| CENTREVILLE | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE 17-1 | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | d. STREET ADDRESS | |

| | | | | | | | |
|---|--|---|--|---|---------------------------------|--------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) | | First GOLDEN | Middle | Last MOSSMAN | 4. DATE OF DEATH | MAY 28 | Year 1966 |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN. 22-1887 | 9. AGE (In years last birthday) | 79 yrs. | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE | | 11. BIRTHPLACE (County & State, or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME JOSEPH SCOGGINS | | 14. MOTHER'S MAIDEN NAME ELMA MYERS | | | | BALTIMORE MARYLAND USA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT | | Address JUNE MARKWELL - LAKWOOD OHIO | |

| | | | |
|--|--|--|------------------|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170X | | 1 hour | |
| Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. | | DUE TO (b) Metastatic Carcinoma from Breast | 1 year |
| | | DUE TO (c) Carcinoma of Breast associated with Heart Disease | 14 years 5 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | | 19. WAS AUTOPSY PERFORMED? | |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

| | | | |
|--|--|--|--|
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. | | 20d. INJURY OCCURRED while at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) |

21. I certify that (I) (this hospital) attended the deceased from Jan 1, 1960, to May 28, 1966, that (I) (we) last saw the deceased alive on May 26, 1966, and that death occurred at 11 A.M. from the causes and on the date stated above.

22a. SIGNATURE John R. Smith Jr.

M.D. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DATE SIGNED 5-30-66

22c. PHYSICIAN'S NAME (Type) JOHN R. SMITH JR. 22d. ADDRESS CENTREVILLE MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF JUNE 1, 1966 23c. NAME OF CEMETERY OR CREMATORIUM ST. LUKES 23d. LOCATION (City, town or county) (State) CHURCH HILL MD.

24. FUNERAL DIRECTOR Edgar L. Lane CHURCH HILL, MD. 25a. REC'D BY REGISTRAR JUN 1 1966 25b. REGISTRAR'S SIGNATURE Charles Judge

(1)

woodward's bushes
had arranged themselves
in a belt like this

of wood and
of wood

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| | | | | | | |
|---|--|---|---|--|------------------------|-------------------------|
| 1. PLACE OF DEATH a. COUNTY Queen Anne's | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington | | c. LENGTH OF STAY IN 1b c. STREET ADDRESS Millington | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) | First Sadie | Middle M. | Last Robbins | | | |
| 4. DATE OF DEATH | Month May | Day 17, | Year 19 66 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH November 10, 1896 | | | |
| 9. AGE (In years last birthday) 69 yrs. | 10. IF UNDER 1 YEAR Months 0 | 11. IF UNDER 24 HRS. Days 0 | 12. IF UNDER 24 HRS. Hours 0 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (County & State, or foreign country) Del. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME John E. George. | 14. MOTHER'S MAIDEN NAME Ella Morris | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or dates of service) No. | | | | |
| 16. SOCIAL SECURITY NO. 222-14-2713 | 17. INFORMANT Mrs. Anna Coppage, Millington, Md. 21651 | Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusive | | | | | | |
| 260X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary sclerosis | | | | | | |
| (c) Diabetes | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH one day | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | |
| 260X 4 years 10 years | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.) Millington | 20f. (City or town) Millington | (County) Md. | (State) 21651 |
| 21. I certify that (I) (this hospital) attended the deceased from May 17, 1966 , to May 17, 1966 , that (I) (we) last saw the deceased alive on May 16, 1966 , and that death occurred at 5P M, from the causes and on the date stated above. | | | | | | |
| 22a. SIGNATURE Geza Koralewski | | | | | | |
| 22b. DATE SIGNED May 18, 66 | | | | | | |
| 22c. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D. | | M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | | | |
| 22d. ADDRESS Millington, Md. 21651 | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF May 20, 1966 | 23c. NAME OF CEMETERY OR CREMATORIUM Millington Cemetery | 23d. LOCATION (City, town or county) (State) Millington, Md. Md. | | |
| 24. FUNERAL DIRECTOR Edward L. Lollar Millington Md. | | ADDRESS | | | | |
| | | 25a. REC'D BY REGISTRAR Charles Judge | 25b. REGISTRAR'S SIGNATURE Charles Judge | | | |

WIND, FLOW

MORPHOLOGY

POSITION

STRUCTURE

SIZE

DEGREE OF COHESION

STRENGTH

LOC

SOIL AND

STRUCTURE

STRUCTURE

STRUCTURE

STRUCTURE, POSITION, SIZE, DENS.

ROCKS OR COUNTRY

ROCK MATERIAL

STRUCTURE, POSITION, SIZE, DENS.

DATE, P.D. 1948

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07485

07479

1. PLACE OF DEATH

a. COUNTY

QUEEN ANNE'S

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

QUEENSTOWN

c. LENGTH OF STAY IN 16
All his life

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)

a. STATE

Maryland

b. COUNTY

QUEEN ANNE'S

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

QUEENSTOWN

17-1

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO 3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month May

Day 1

Year 1966

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

 NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

April 24, 1893

9. AGE (In years last birthday)

73 yrs.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DAIRY MAINTAINENCE

10b. KIND OF BUSINESS OR INDUSTRY

DAIRY

11. BIRTHPLACE (County & State, or foreign country)

QUEEN ANNE'S CO., MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EZEKIEL SMITH

14. MOTHER'S MAIDEN NAME

CLARA CALLAHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)

No

16. SOCIAL SECURITY NO.

215-20-0091

17. INFORMANT

Mrs. MARGARET C. SMITH, QUEENSTOWN, MD.

Address

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

194X

Carcinoma of Thyroid with

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

widespread metastases

DUE TO

(c)

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?

YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 20d. INJURY OCCURRED
p.m. 19 White Not White
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from Sept. 1966, to April 1, 1966, that (I) (we) last saw the deceased alive on April 130, 1966, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

22e. SIGNATURE

Irvin G. Hoyt M.D.

M.D.

ATTENDING PHYS.

 MED. DIRECTOR STAFF PHYS.

22b. DATE SIGNED

5/3/66

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

Queens-Town, Md.

23a. BURIAL-CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE THEREOF

May 4, 1966

23c. NAME OF CEMETERY OR CREMATORIUM

CHESTERFIELD CEMETERY

23d. LOCATION (City, town or county)

CENTREVILLE, MARYLAND

24. FUNERAL DIRECTOR'S SIGNATURE

Donald H. Baetz Jr. Baetz Bros. Centreville, Md.

ADDRESS

25a. REC'D BY REGISTRAR

DATE

MAY 6 1966

25b. REGISTRAR'S SIGNATURE

Charles Judge

22. P.

W. - V. -

C. S. H. -

W. - V. - C. S. H. -

W. - V. - C. S. H. -

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
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| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | | | | | | |
|--|--|--|--|---|---------------------------------------|---|---|---|---|---|--|--|---|--|--|
| CERTIFICATE OF DEATH | | | | | | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i> | | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centerville</i> | | | c. LENGTH OF STAY IN HB <i>life</i> | | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <i>Md</i> | | | | | | |
| | | | | | | | | | b. COUNTY <i>Queen Anne</i> | | | | | | |
| | | | | | | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centerville</i> | | | | | | |
| 3. NAME OF DECEASED (Type or print) | | | First <i>Mary</i> | Middle <i>Lula</i> | Last <i>WILKERSON</i> | 4. DATE OF DEATH <i>5-22-1966</i> | Month <i>5</i> | Day <i>22</i> | Year <i>1966</i> | 5. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 5. SEX <i>Female</i> | | | 6. COLOR OR RACE <i>Col</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>12-24-1913</i> | 9. AGE (in years last birthday) <i>52 yrs.</i> | 10. IF UNDER 1 YEAR Months <i>0</i> | 11. IF UNDER 24 HRS Days <i>0</i> | 12. IF UNDER 24 HRS Hours <i>0</i> | 13. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i> | 11. BIRTHPLACE (County & State, or foreign country) <i>Maryland</i> | 12. CITIZEN OF WHAT COUNTRY <i>USA</i> | | |
| 13. FATHER'S NAME <i>Harvey Johnson</i> | | | 14. MOTHER'S MAIDEN NAME <i>Gertrude Griffin</i> | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or dates of service) <i>No</i> | | | 16. SOCIAL SECURITY NO. <i>288-20-5677</i> | | | 17. INFORMANT <i>Cari Wilkerson</i> | Address <i>Centerville, Md</i> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>171X</i> | | | Generalized Carcinosis of Abdomen | | | | | | | | | 2 years | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | | | DUE TO (b) <i>Abdomen</i> | Primary of Cervix | | | | | | | | | 4 years | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i> | | | 20d. INJURY OCCURRED White <input type="checkbox"/> Not White <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | | 20f. (City or town) (County) (State) | | | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from <i>March 23, 1966</i> , to <i>May 22, 1966</i> ; that (I) (we) last saw the deceased alive on <i>May 21, 1966</i> , and that death occurred at <i>5 A.M.</i> from the causes and on the date stated above. | | | | | | | | | | | | 22b. DATE SIGNED <i>5-24-66</i> | | | |
| 22a. SIGNATURE <i>C.R. Layton</i> | | | 22b. DATE SIGNED <i>5-24-66</i> | | | | | | | | | 22c. PHYSICIAN'S NAME (Type) <i>C.R. Layton</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | | 23b. DATE THEREOF <i>5-26-66</i> | | | 23c. NAME OF CEMETERY OR CREMATORIUM <i>Carmichael Cemetery Queenstown</i> | | | 23d. LOCATION (City, town or county) (State) <i>Queenstown Md</i> | | | | | | |
| 24. FUNERAL DIRECTOR <i>James B. Dashew</i> | | | ADDRESS <i>Easton, Md</i> | | | 25a. REC'D BY REGISTRAR <i>MAY 26 1966</i> | | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | | | | |
| VR A15 (4) 2DM 1/65 | | | | | | | | | | | | | | | |

